

Employer Support Form

This form is optional. It may accompany the Participant Application Form and the Association Support Form.

Applicant's Name _____ Today's Date _____

Employing Institution _____

Contact Person _____ Department _____

Mailing Address _____

City _____ State _____ ZIP _____

Daytime Phone (_____) _____ E-mail _____

As an employee of the institution named above, if I am chosen to participate in the Coalition on Allied Health Leadership conferences I agree to share my enhanced leadership abilities with the institution.

Signature of Applicant _____ Date _____

Statement of Support from Employer

As an authorized agent or representative of the employer for the applicant named above, I understand that two, week-long periods of time away from work will be required for his or her participation in the Coalition for Allied Health Leadership conferences, April 14-17 and Sept. 14-17, 2004.

I further understand that the applicant, if selected, will require a reasonable amount of time while at work for communicating with Coalition for Allied Health Leadership mentors and with other participants. Each participant will be expected to complete a group project within the required time limit.

I attest that _____ (applicant's name) will be released from work for two one-week periods to participate in the Coalition for Allied Health Leadership conferences; and I attest that my signature is authorized as an agent or representative of the employer and represents full agreement by all parties involved in the applicant's employment.

Printed Name _____ Title _____

Signature _____ Date _____

Mail this optional form and the Participant Application Form
to your supporting association at the following address:

Deadline for Submission: January 9, 2004

The Coalition on Allied Health Leadership is supported by a grant from the Bureau of Health Professions, U.S. Department of Health and Human Services, and is sponsored by the Association of Schools of Allied Health Professions, the Health Professions Network, the National Network of Health Career Programs in Two-Year Colleges and the National Society of Allied Health.

Participant Application Form

Instructions: Complete all sections of this form and return it to your sponsoring association along with the optional Employer Support Form. Information on this form must be typed or printed.

Applicant's Name (First, Middle, Last) _____

Years of Experience in Your Profession _____ Academic Degrees _____

Professional Credentials _____

Work Address

Institution Name _____

Department _____

Street Address _____

City _____ State _____ ZIP _____

Home Address

Street Address _____

City _____ State _____ ZIP _____

Daytime Phone (_____) _____

Evening Phone (_____) _____

E-mail address _____

Professional Organization You Represent _____

(Name of the allied health association to which you belong)

List your involvement in national, regional and state associations in your profession (offices held, involvement with committees and task forces, years of membership, etc.)

If you have authored any papers or articles or delivered any presentations, please list them here:

List your involvement in your local community (offices held, membership in groups, projects, etc.)

List your experience working with allied health professionals outside your own discipline or profession (coalitions, projects, boards, etc.)

You must complete Side Two of this form

Participant Application Form, continued

Please read the following commitments and sign, where indicated, to signify your agreement to accept the terms of participating.

I am applying to participate in the Coalition for Allied Health Leadership, which I understand involves:

1. My commitment to travel to Washington, D.C., for two conferences, each one week long. The first conference is scheduled for April 14-17, 2004, and the second is scheduled for Sept. 14-17, 2004.
2. My commitment to work between the two conferences with at least one individual outside my profession on an assigned project and complete the project before the beginning of the second conference.
3. My commitment to communicate with the mentors assigned to me by the Coalition for Allied Health Leadership, to communicate with any assigned advisors and to report to the association I represent.
4. My commitment to continue to participate, to the best of my abilities, in the professional association I represent.
5. My commitment to assume leadership roles in my profession, my professional association, my workplace and my community.

Agreed to by _____ Date _____

(Applicant's Signature)

Compose a 300-word essay on why you should be considered for this opportunity (attach an additional sheet of paper if necessary):

Complete both sides of this form.

Mail with the optional Employer Support Form to your association at the following address:

Deadline: January 9, 2004

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